



The Commonwealth of Massachusetts
Motor Vehicle Insurance - Merit Rating Board
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MARY ANN MULHALL
DIRECTOR

TO: Massachusetts Merit Rating Liaisons

FROM: Mary Ann Mulhall, Director

DATE: March 7, 2008

RE: Reporting At-Fault Personal Injury Protection Claims to the Merit Rating Board

NOTICE NO: 0027

The Division of Insurance has revised 211 CMR 134.00 to require reporting of at-fault Personal Injury Protection (PIP) claims to the MRB. An at-fault PIP claim is used in the determination of Clean-in-Three Risk as defined in MAIP Rule 22. I'm including below the general procedures for reporting at-fault PIP claims to the MRB. I'm also enclosing the revised Appendix C: SDIP Claim Source File Specifications and revised Appendix P: MRB Error Code: SDIP Claim Response.

- 1.0 An at-fault PIP claim should be reported in the same data formats as existing at-fault claim data formats with the following exceptions.
 - 1.1 An at-fault PIP claim is reported in the SDIP Claim Source Record with field number 18 (Type of Loss Code) set to a value of "13".
 - 1.2 An at-fault PIP claim is reported if the loss amount is greater than zero. The loss amount threshold for reporting an at-fault PIP claim is different from the loss amount threshold for reporting other at-fault claims.
- 2.0 An at-fault PIP claim will be posted to the driving record of the involved operator.
- 3.0 An at-fault PIP claim must be reported to the MRB if and only if all of the following are true.
 - 3.1 The date of the incident is on or after April 1, 2008.
 - 3.2 The involved operator has been determined to be more than 50% at-fault as defined in 211 CMR 134.03: Definitions- At Fault Accident and in paragraph 6 of 211 CMR 134.04: Relevant Vehicles, Policies, Accidents, Traffic Law Violations, and Claims.

- 3.3 The at-fault PIP claim cannot be subrogated against the at-fault operator's liability coverage.
- 3.4 The at-fault PIP claim is paid under the at-fault operator's PIP coverage. (The at-fault PIP claim would be reported in a statistical record to Commonwealth Automobile Reinsurers (CAR) as subline code 625).
- 4.0 An at-fault PIP claim is used in the determination of the Clean-in-Three Risk status of a listed operator as defined in the MAIP Rule 22. An at-fault PIP claim does not affect the SDIP points for a listed operator and is not reported to insurers in the Policy Inquiry Response Record. (An at-fault PIP claim may be viewed from the Merit Rating Board Operator Summary (UMO) Screen. The UMO Description for an at-fault PIP claim is "PERS INJURY".)
- 5.0 An at-fault PIP claim is not a surchargeable claim; therefore, insurers should not create a Safe Driver Insurance Plan Surcharge Notice Form if the PIP claim is the only at-fault claim from an accident.
- 6.0 If the Board of Appeals (BOA) vacates an at-fault accident with a Property Damage Liability (PDL) claim, Collision claim, or Bodily Injury (BI) claim and there is a PIP claim from the same at-fault accident, then all at-fault claims from the at-fault accident including the at-fault PIP claim will be vacated. If an insurer submits a reversal (Transaction Code 43) for an at-fault accident with a Property Damage Liability (PDL) claim, Collision claim, or Bodily Injury (BI) claim and there is a PIP claim from the same at-fault accident, then all at-fault claims including the PIP claim will be reversed.
- 7.0 Insurers must report an at-fault PIP claim to the MRB within thirty (30) working days of the final payment of any Personal Injury Protection Coverage claim. Insurers may submit a PIP claim to the MRB as soon as all conditions in 3.0 above have been met.

Enclosures:

Appendix C: SDIP Claim Source File Specifications
Appendix P: MRB Error Code: SDIP Claim Response

Appendix C: SDIP Claim Source File Specifications

SDIP Claim Source Record Format

Field Number	Location From To		Size	Picture	Description
1	1	2	2	XX	Transaction Code
2	3	5	3	X(3)	Insurance Company Code
3	6	30	25	X(25)	Policyholder License Number
4	31	32	2	XX	Policyholder License State Code
5	33	48	16	X(16)	Policyholder Surname
6	49	60	12	X(12)	Policyholder First Name
7	61	68	8	X(8)	Policyholder Middle Name
8	69	76	8	X(8)	Policyholder Birth Date: yyyyymmdd
9	77	96	20	X(20)	Policyholder Street Address 1
10	97	116	20	X(20)	Policyholder Street Address 2
11	117	131	15	X(15)	Policyholder Address City
12	132	133	2	XX	Policyholder Address State Code
13	134	143	10	X(10)	Policyholder Address Zip Code
14	144	151	8	X(8)	Incident Date: yyyyymmdd
15	152	159	8	X(8)	Notice Date: yyyyymmdd
16	160	162	3	X(3)	Incident Location Code
17	163	165	3	X(3)	Premium Town Code
18	166	167	2	XX	Type of Loss Code
19	168	169	2	XX	Catastrophe Code
20	170	171	2	XX	Surcharge Code: Standard of Fault
21	172	187	16	X(16)	Claim Identification Number
22	188	203	16	X(16)	Policy Number
23	204	207	4	X(4)	Policy Number Company Use
24	208	215	8	X(8)	Policy Effective Date: yyyyymmdd
25	216	216	1	X	Loss Amount Sign ("-" or space)
26	217	222	6	9(6)	Loss Amount
27	223	239	17	X(17)	Vehicle Identification Number
28	240	243	4	X(4)	Vehicle Class Code
29	244	253	10	X(10)	Loss Payee Surname
30	254	268	15	X(15)	Loss Payee Street Address

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Format

Field Number	Location		Size	Picture	Description
	From	To			
31	269	293	25	X(25)	Involved Operator License Number
32	294	295	2	XX	Involved Operator License State Code
33	296	311	16	X(16)	Involved Operator Surname
34	312	323	12	X(12)	Involved Operator First Name
35	324	331	8	X(8)	Involved Operator Middle Name
36	332	339	8	X(8)	Involved Operator Birth Date: yyymmdd
37	340	359	20	X(20)	Involved Operator Street Address 1
38	360	379	20	X(20)	Involved Operator Street Address 2
39	380	394	15	X(15)	Involved Operator Address City
40	395	396	2	XX	Involved Operator Address State Code
41	397	406	10	X(10)	Involved Operator Address Zip Code
42	407	408	2	XX	Reversal Reason Code
43	409	420	12	X(12)	Filler
44	421	440	20	X(20)	Insurance Company Use

Appendix C: SDIP Claim Source File Specifications (continued)

SDIP Claim Source Record Data Element Requirements for at-fault accident claim

Each data element required to process an at-fault accident transaction is listed below. A data element is not listed if it does not apply or if the transaction may be complete without it.

Field Number	Description	Requirements* by Transaction Code			
		41	42	43	44
1	Transaction Code	R	R	R	R
2	Insurance Company Code	R	R	R	R
3	Policyholder License Number	R	R	R	R
4	Policyholder License State Code	R	R	R	R
5	Policyholder Surname	R	R	R	R
6	Policyholder First Name	R	R	R	R
8	Policyholder Birth Date	R	R	R	R
9	Policyholder Street Address 1	O1	O1	O1	O1
11	Policyholder Address City	O1	O1	O1	O1
12	Policyholder Address State Code	O1	O1	O1	O1
13	Policyholder Address Zip Code	O1	O1	O1	O1
14	Incident Date	R	R	R	R
15	Notice Date	R	R	R	R
16	Incident Location Code	R	R	R	R
17	Premium Town Code	R	O	O	R
18	Type of Loss Code	R	R	O	O
20	Surcharge Code	R	O	O	R
21	Claim Identification Number	R	R	R	R
22	Policy Number	R	R	R	R
24	Policy Effective Date	R	R	R	R
25	Loss Amount Sign	R	R	R	R
26	Loss Amount	R	R	R	R
27	Vehicle Identification Number	R	O	O	R
28	Vehicle Class Code	R	O	O	R
31	Involved Operator License Number	O2	O2	O2	O2
32	Involved Operator License State Code	O2	O2	O2	O2
33	Involved Operator Surname	O2	O2	O2	O2
34	Involved Operator First Name	O2	O2	O2	O2
36	Involved Operator Birth Date	O2	O2	O2	O2
37	Involved Operator Street Address 1	O3	O3	O3	O3
39	Involved Operator Address City	O3	O3	O3	O3
40	Involved Operator Address State Code	O3	O3	O3	O3
41	Involved Operator Address Zip Code	O3	O3	O3	O3
42	Reversal Reason Code	O	O	R	O

*Requirement Codes: R=Required; O=Optional; O1=Required if the Policyholder License State Code is not = MA; O2=Required if the Involved Operator is not the Policyholder; O3= Required if the Involved Operator is not the Policyholder and the Involved Operator License State Code is not = MA.

Appendix C: SDIP Claim Source File Specifications (continued)

SDIP Claim Source Record Data Element Requirements for comprehensive claim

Each data element required to process a comprehensive claim transaction is listed below. A data element is not listed if it does not apply or if the transaction may be complete without it.

Field Number	Description	Requirements* by Transaction Code			
		51	52	53	54
1	Transaction Code	R	R	R	R
2	Insurance Company Code	R	R	R	R
3	Policyholder License Number	R	R	R	R
4	Policyholder License State Code	R	R	R	R
5	Policyholder Surname	R	R	R	R
6	Policyholder First Name	R	R	R	R
8	Policyholder Birth Date	R	R	R	R
9	Policyholder Street Address 1	O1	O1	O1	O1
11	Policyholder Address City	O1	O1	O1	O1
12	Policyholder Address State Code	O1	O1	O1	O1
13	Policyholder Address Zip Code	O1	O1	O1	O1
14	Incident Date	R	R	R	R
15	Notice Date	R	R	R	R
16	Incident Location Code	R	R	R	R
17	Premium Town Code	R	O	O	R
18	Type of Loss Code	R	R	O	O
19	Catastrophe Code	O	O	O	O
21	Claim Identification Number	R	R	R	R
22	Policy Number	R	R	R	R
24	Policy Effective Date	R	R	R	R
25	Loss Amount Sign	R	R	O	O
26	Loss Amount	R	R	O	O
27	Vehicle Identification Number	R	O	O	R
28	Vehicle Class Code	R	O	O	R
29	Loss Payee Surname	Rg	O	O	Rg
30	Loss Payee Street Address	Rg	O	O	Rg
42	Reversal Reason Code	O	O	R	O

*Requirement Codes: R=Required data element; O=optional; O1=Required if the Policyholder License State Code is not = MA;
Rg=Required except for Type of Loss Code = "03" (glass)

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 1 Transaction Code.** Enter the two-character code to identify the transaction. The first character of the transaction code, the Transaction Type contains a value of “4” for an at-fault accident claim or a value of “5” for a comprehensive claim. “Chapter 3 SDIP CLAIMS” defines the transaction codes in “Section 3.3.3 At-Fault Accident Claim Transaction Codes” and “Section 3.3.4 Comprehensive Claim Transaction Codes”.
- 2 Insurance Company Code.** Enter the three-digit code assigned by CAR to the insurer that paid this claim.
- 3 Policyholder License Number.** Enter the driver license number exactly as it appears on the policyholder’s driver license. The driver license number should be left justified with spaces on the right. The driver license number may not contain special characters. If the current driver’s license is suspended or revoked or in any other way withdrawn by the state of record, that license number should be entered. If the policyholder has no driver license, enter “NOLICENSE”.
- 4 Policyholder License State Code.** Enter “MA” if the driver license number of the policyholder was issued in Massachusetts. Otherwise, enter the code for the state, territory, country, or Canadian province that issued this driver license using a code from “Appendix M: State Code”. If the policyholder does not possess a driver license and Field Number 3 contains a value of “NOLICENSE”, enter “XX”.
- 5 Policyholder Surname.** Enter the first 16 characters of the policyholder surname. Left justify omitting spaces and punctuation such as periods, apostrophes and commas. If the operator surname contains fewer than 16 characters enter only the surname, do not enter the first name in this data element.
- 6 Policyholder First Name.** Enter the first 12 characters of the policyholder first name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 7 Policyholder Middle Name.** This field is optional. Enter the first 8 characters of the policyholder middle name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.
- 8 Policyholder Birth Date.** Enter the birth date from the policyholder's driver license in the format YYYYMMDD.
- 9 Policyholder Street Address 1.** This field is required only if Policyholder License State Code is not = "MA". Enter the policyholder's current street address.
- 10 Policyholder Street Address 2.** This field is not required if Policyholder License State Code = "MA" and is optional if Policyholder License State Code is not = "MA". Enter the policyholder's additional street address information, such as an apartment number, if needed.
- 11 Policyholder Address City.** This field is required only if Policyholder License State Code is not = "MA". Enter the city of the policyholder's current address. If the Policyholder Address State Code = "MA", this field must contain a town name from the RMV Massachusetts town name validation table. "Appendix N: Massachusetts Town Name" contains the RMV Massachusetts town name validation table.
- 12 Policyholder Address State Code.** This field is required only if Policyholder License State Code is not = "MA". Enter the state code of the policyholder's current address.
- 13 Policyholder Address Zip Code.** This field is required only if Policyholder License State Code is not = "MA". Enter the zip code of the policyholder's current address.
- 14 Incident Date.** Enter the date the incident occurred in the format YYYYMMDD. For an at-fault accident claim, this is the date the accident occurred.
- 15 Notice Date.** Enter the date the loss amount was paid in the format YYYYMMDD.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 16 Incident Location Code.** Enter the three-digit code for the incident location. Use the location code from the appendix for “Premium and Accident Town Tables” of the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com. If the incident occurred outside of Massachusetts, use the appropriate Out-of-State Town Code.
- 17 Premium Town Code.** Enter the three-digit code for the place of principal garaging (i.e., rating town). Use the town code from the appendix for “Premium and Accident Town Tables” of the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com. If the vehicle is not principally garaged in Massachusetts, use the appropriate Out-of-State Town Code.
- 18 Type of Loss Code.** For an at-fault accident claim, enter the code to describe the coverage under which the claim was paid: “10” = Collision; “11” = Property Damage Liability; “12” = Bodily Injury Liability; “13” = Personal Injury Protection. If this field contains a value of “12” when the Incident Date is before 01-01-2006 or if this field contains a value of “13” when the Incident Date is before 04-01-2008, the record is rejected with Error Code 08 (Incident Date).
- For a comprehensive claim, enter the code which describes the type of loss: “01” = Fire; “02” = Theft; “03” = Glass; “05” = Malicious Mischief and Vandalism; “06” = Windstorm, Earthquake, Hail, Explosion, Tornado, Cyclone, and Water Damage; “07” = Flood and Rising Water; “09” = Miscellaneous.
- 19 Catastrophe Code.** This field is for comprehensive claims only. If this claim resulted from a catastrophe, enter the two-digit code for the catastrophe as defined by the Insurance Services Office (ISO). Otherwise, enter spaces or zeroes.
- 20 Surcharge Code: Standard of Fault.** This field is for at-fault accident claims only. Enter the two-digit Standard of Fault Code that represents the reason that this claim is considered an at-fault accident claim from “Appendix J: Surcharge Code (Standard of Fault)”.
- 21 Claim Identification Number.** Enter the first sixteen (16) characters of the claim number associated with the loss amount reported in this claim transaction. This claim identification number must be exactly the same as the claim identification number for the corresponding statistical loss records reported to the designated statistical agent (CAR).

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 22 Policy Number.** Enter the policy number by which this policy may be referenced in the insurance company files. Use only significant alpha or numeric digits left justified with no blanks between significant digits.
- 23 Policy Number-Company Use.** This field is for company use only and may be blanks, zeroes or may contain any alpha or numeric combinations.
- 24 Policy Effective Date.** Enter the effective date of the policy in the format YYYYMMDD.
- 25 Loss Amount Sign.** Enter a minus sign (-) to indicate a negative loss amount or space to indicate a positive loss amount.
- 26 Loss Amount.** For an Add Original Claim Transaction enter the magnitude of the loss amount paid for this Type of Loss or a value of “999999” if the loss amount paid exceeds \$999,999. For a Change Loss Amount Transaction, enter the magnitude of the increase or decrease to the loss amount to be applied, but do not report an increase such that the total loss amount for any Type of Loss Code exceeds \$999,999. For example, to specify a loss amount of \$5,500, enter a space in Loss Amount Sign (field number 25) and enter 005500 in this field. To specify a decrease of \$1,700 (-\$1,700) enter a minus sign (-) in Loss Amount Sign (field number 25) and enter 001700 in this field.
- 27 Vehicle Identification Number.** Enter the Vehicle Identification Number exactly as it appears on the vehicle involved in this claim incident.
- 28 Vehicle Class Code.** Enter the four-digit vehicle class code for the vehicle involved in this claim incident from the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com.
- 29 Loss Payee Surname.** This field is for comprehensive claims except it is not required for a comprehensive claim with Type of Loss = “03” (Glass). Enter the first ten (10) characters of the surname of the loss payee.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

30 Loss Payee Street Address. This field is for comprehensive claims except it is not required for a comprehensive claim with Type of Loss = “03” (Glass). Enter the first fifteen (15) characters of the street address to which this claim payment was mailed.

Fields 31 through 41 are required for an at-fault accident claim transaction only if the operator involved in the at-fault accident is not the same person as the policyholder. These fields are not required for a comprehensive claim transaction.

31 Involved Operator License Number. Enter the driver license number exactly as it appears on the operator’s driver license. The driver license number should be left justified with spaces on the right. The driver license number may not contain special characters. If the current driver’s license is suspended or revoked or in any other way withdrawn by the state of record, that license number should be entered. If the operator has no driver license, enter “NOLICENSE”.

32 Involved Operator License State Code. Enter “MA” if the driver license number of the operator was issued in Massachusetts. Otherwise, enter the code for the state, territory, country, or Canadian province that issued this driver license using a code from “Appendix M: State Code”. If the operator does not possess a driver license and Field Number 31 contains a value of “NOLICENSE”, enter “XX”.

33 Involved Operator Surname. Enter the first 16 characters of the operator surname. Left justify omitting spaces and punctuation such as periods, apostrophes and commas. If the operator surname contains fewer than 16 characters enter only the surname, do not enter the first name in this data element.

34 Involved Operator First Name. Enter the first 12 characters of the operator first name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.

35 Involved Operator Middle Name. This field is optional. Enter the first 8 characters of the operator middle name. Left justify omitting spaces and punctuation such as periods, apostrophes and commas.

Appendix C: SDIP Claim Source File Specifications (continued)
SDIP Claim Source Record Data Element Definitions

Field
Number

- 36** **Involved Operator Birth Date.** Enter the birth date from the operator's driver license in the format YYYYMMDD.
- 37** **Involved Operator Street Address 1.** This field is required only if Involved Operator License State Code is not = "MA". Enter the operator's current street address.
- 38** **Involved Operator Street Address 2.** This field is not required if Involved Operator License State Code = "MA" and is optional if Involved Operator License State Code is not = "MA". Enter the operator's additional street address information, such as an apartment number, if needed.
- 39** **Involved Operator Address City.** This field is required only if Involved Operator License State Code is not = "MA". Enter the city of the operator's current address. If the Involved Operator Address State Code = "MA", this field must contain a town name from the RMV Massachusetts town name validation table. "Appendix N: Massachusetts Town Name" contains the RMV Massachusetts town name validation table.
- 40** **Involved Operator Address State Code.** This field is required only if Involved Operator License State Code is not = "MA". Enter the state code of the operator's current address.
- 41** **Involved Operator Address Zip Code.** This field is required only if Involved Operator License State Code is not = "MA". Enter the zip code of the operator's current address.
- 42** **Reversal Reason Code.** For a Reverse Incident Transaction, enter the two-digit code that represents the reason for the reversal from "Appendix K: Reversal Reason Code".
- 43** **Filler.** Reserved for future use.
- 44** **Insurance Company Use.** This space, for insurance company use only, may contain blanks, zeroes, or information to be used by the insurance company.

Appendix P: MRB Error Code - SDIP Claim Response

Error Code

- 01 Transaction Code.** This error code is returned if the Transaction Code is not one of the codes listed in “Section 3.3.3 At-Fault Accident Claim Transaction Codes” or in “Section 3.3.4 Comprehensive Claim Transaction Codes” of “Chapter 3 SDIP CLAIMS”.
- 02 Company Code.** The Company Code must be the code assigned to the insurer by the designated statistical agent for Massachusetts Private Passenger Insurance for use on all statistical records and all Merit Rating Board transactions.
- 03 Policyholder License Number.** This error code is returned if the Policyholder License Number is blank or if it does not match the license number on an RMV License Record when Policyholder License State Code = “MA”.
- 04 Policyholder Birth Date.** This error code is returned if the Policyholder Birth Date is blank or if it does not match the birth date on the RMV License Record on at least two of three elements (month, day, year) when Policyholder License State Code = “MA”.
- 05 Policyholder Lic St.** This error code is returned if the Policyholder License State Code is not one of the codes listed in “Appendix M: State Code”.
- 06 Policyholder Surname.** This error code is returned if the Policyholder Surname is blank or if it does not match the surname on the RMV License Record on at least three (3) characters when Policyholder License State Code = “MA”.
- 07 Policyholder 1ST Name.** This error code is returned if the Policyholder First Name is blank.
- 08 Incident Date.** This error code is returned for an Add Original Claim Transaction if the Incident Date is blank, if it is not a valid date in the format YYYYMMDD, if the Incident Date is on or after the MRB Process Date, if the Incident Date is outside the policy term, or if the Incident Date is later than the Notice Date. This error code is returned for other transaction codes if the Incident Date is blank or if it is not a valid date in the format YYYYMMDD. This error

Appendix P: MRB Error Code - SDIP Claim Response (continued)

Error
Code

code is returned for all transaction codes if the Incident Date is before January 1, 2006 and the Type of Loss Code contains a value of “12”. *This error code is returned for all transaction codes if the Incident Date is before April 1, 2008 and the Type of Loss Code contains a value of “13”.*

- 09 Notice Date.** This error code is returned for an Add Original Claim Transaction if the Notice Date is blank or if it is not a valid date in the format YYYYMMDD. This error code is returned for other transactions if the Notice Date is blank or if it is not a valid date in the format YYYYMMDD.
- 10 Incident Location.** This error code is returned if the Incident Location Code is not one of the codes published in the appendix for “Premium and Accident Town Tables” of the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com.
- 11 Premium Location.** This error code is returned if the Premium Location Code is not one of the codes published in the appendix for “Premium and Accident Town Tables” of the *Massachusetts Private Passenger Automobile Statistical Plan*. Refer to www.commauto.com
- 12 Type of Loss Code.** This error code is returned for a Change Loss Amount Transaction or an Add Original Claim Transaction that contains a Type of Loss Code not listed in the definition for the Type of Loss Code (field number 18) in “Appendix C: SDIP Claim Source Record Description”. This error code is not returned for the Reverse Incident Transaction or for the Change Incident Data Transaction.
- 13 Catastrophe Code.** The MRB does not validate the Catastrophe Code.
- 14 Surcharge Code.** At-fault accident claims only. This error code is returned when the Add Original Claim Transaction or the Change Incident Data transaction contains a Surcharge Code that is not a valid code as specified in “Appendix J: Surcharge Code-Standard of Fault”.
- 15 Claim ID Number.** This error code is returned when the Claim Identification Number contains a value of blank or zeroes.
- 16 Policy Number.** This error code is returned when the Policy Number contains a value of blank or zeroes.

Appendix P: MRB Error Code - SDIP Claim Response (continued)

Error
Code

- 17 Policy Effective Date.** This error code is returned if the Add Original Claim Transaction contains a Policy Effective Date that is blank or if it is not a valid date in the format YYYYMMDD. For other transactions, this error code is returned if the Policy Effective Date contains a value of blank or zeroes.
- 18 Loss Amount.** This error code is returned for an Add Original Claim Transaction when the Loss Amount is not greater than zero and the Policy Effective Date is after January 1, 1984. This error code is returned for a Reverse Incident Transaction or a Change Incident Data Transaction if the Loss Amount is not equal to zero. This error code is returned for a Change Loss Amount Transaction if the Loss Amount is equal to zero.
- 19 Vehicle ID Number.** This error code is returned if the Vehicle Identification Number contains a value of blank or zeroes.
- 20 Vehicle Class.** This error code is returned if the Vehicle Class Code contains a value of blank or zeroes. This code should indicate the vehicle classification code for the vehicle as specified in the *Massachusetts Private Passenger Automobile Statistical Plan*. The MRB does not validate the Vehicle Class Code.
- 21 Loss Payee Surname.** This error code is returned if the Loss Payee Surname field is blank and the transaction is a comprehensive claim transaction. Exception: This error code is not returned when the Type of Loss Code contains a value of “03” (Glass).
- 22 Loss Payee Address.** This error code is returned if the Loss Payee Address field is blank and the transaction is a comprehensive claim transaction. Exception: This error code is not returned when the Type of Loss Code contains a value of “03” (Glass).
- 23 Operator Lic Nbr.** At-fault accidents only. This error code is returned if the Involved Operator License Number is blank or if it does not match the license number on an RMV License Record when the Involved Operator License State Code contains a value of “MA”.

Appendix P: MRB Error Code - SDIP Claim Response (continued)

Error
Code

- 24 Operator Birth Dt.** At-fault accidents only. This error code is returned if the Involved Operator Birth Date is blank or if it does not match the birth date on the RMV License Record on at least two of three elements (month, day, year) when the Involved Operator License State Code contains a value of “MA”.
- 25 Operator License St.** At-fault accidents only. This error code is returned if the Involved Operator License State Code is not one of the codes listed in “Appendix M: State Code”.
- 26 Operator Surname.** At-fault accidents only. This error code is returned if the Involved Operator Surname is blank, if it contains punctuation or special characters or if it does not match the surname on the RMV License Record on at least three of the first five characters when the Involved Operator License State Code contains a value of “MA”.
- 27 Operator 1ST Name.** At-fault accidents only. This error code is returned when the Involved Operator First Name is blank while the other fields identifying the involved operator are present.
- 28 Reversal Reason Code.** This error code is returned for a Reverse Incident Transaction if the Reversal Reason Code is blank, or if it is not one of the codes listed in “Appendix K: Reversal Reason Code”.
- 29 Policyholder Street Address 1.** This error code is returned for an Add Original Claim Transaction when the claim is assigned to the policyholder and the Policyholder License State Code contains a value not equal to “MA” and the Policyholder Street Address 1 is blank.
- 30 Policyholder Address City.** This error code is returned for an Add Original Claim Transaction assigned to the policyholder with Policyholder License State Code not equal to “MA” when the Policyholder Address City is blank.

This error code is returned for an at-fault accident Add Original Claim Transaction assigned to the policyholder with Policyholder Address State Code equal to “MA” if the Policyholder Address City is not listed in the RMV Massachusetts town name validation table and (a) the involved operator

Appendix P: MRB Error Code - SDIP Claim Response (continued)

Error
Code

identification field numbers 31 through 36 are blank, (b) the Policyholder License State Code is not equal to “MA” and (c) the policyholder identification fields do not match an RMV License Record.

This error code is returned for a comprehensive Add Original Claim Transaction with Policyholder Address State Code equal to “MA” if the Policyholder Address City is not listed in the RMV Massachusetts town name validation table and (a) the Policyholder License State Code is not equal to “MA” and (b) the policyholder identification fields do not match an RMV License Record.

“Appendix N: Massachusetts Town Name” contains the RMV Massachusetts town name validation table as of November 18, 2005.

31 Policyholder Address State. This error code is returned for an Add Original Claim Transaction assigned to the policyholder with Policyholder License State Code not equal to “MA” when the Policyholder Address State Code is blank.

32 Policyholder Address Zip. This error code is returned for an Add Original Claim Transaction assigned to the policyholder with Policyholder License State Code not equal to “MA” when the Policyholder Address Zip Code is blank.

33 Involved Operator Street Address1. At-fault accidents only. This error code is returned for an Add Original Claim Transaction with Involved Operator License State Code not equal to “MA” if the Involved Operator Street Address 1 is blank.

34 Involved Operator Address City. At-fault accidents only. This error code is returned for an Add Original Claim Transaction with Involved Operator License State Code not equal to “MA” when the Involved Operator Address City is blank.

This error code is returned for an Add Original Claim Transaction with Involved Operator Address State Code equal to “MA” if the Involved Operator Address City is not listed in the RMV Massachusetts town name validation table when the Involved Operator License State Code is not equal to “MA” and the involved operator identification fields do not match any RMV License Record.

“Appendix N: Massachusetts Town Name” contains the RMV Massachusetts town name validation table as of November 18, 2005.

Appendix P: MRB Error Code - SDIP Claim Response (continued)

Error
Code

- 35** **Involved Operator Address State.** At-fault accidents only. This error code is returned for an Add Original Claim Transaction if the Involved Operator License State Code is not equal to “MA” when the Involved Operator Address State Code is blank.
- 36** **Involved Operator Address Zip.** At-fault accidents only. This error code is returned for an Add Original Claim Transaction with the Involved Operator License State Code not equal to “MA” when the Involved Operator Address Zip Code is blank.
- 40** **Loss Amount below Minor Threshold.** At-fault accidents only. This error code is returned for an Add Original Claim Transaction when the Loss Amount is below the minimum surchargeable amount as defined in “Appendix I: Schedule of Surcharge Points” and no other at-fault accident type of loss with the same Incident Date and Incident Location Code on the specified driving record has a Loss Amount equal to or greater than the minimum surchargeable amount. *This error code may be returned for a Personal Injury Protection Claim (PIP) when the loss amount is not greater than zero.*
- 41** **No Claim on File...41.** This error code is returned for an at-fault accident Change Loss Amount Transaction (Transaction Code 42), Reverse Incident Transaction (Transaction Code 43), or Change Incident non-Key Data Transaction (Transaction Code 44) when the at-fault accident claim incident to be changed is not found on the driving record of the specified involved operator. *This error code may be returned for a Board of Appeal vacate (Reverse Incident Transaction – Transaction Code 43) when there is a Personal Injury Protection (PIP) claim but no surchargeable claim for the incident.* “Section 3.3.3 At-Fault Accident Claim Transaction Codes” of “Chapter 3 SDIP CLAIMS” defines the fields in each transaction that are required to match a corresponding data element on an at-fault accident claim incident previously added to the driving record of the specified involved operator.

Appendix P: MRB Error Code - SDIP Claim Response (continued)

Error
Code

This error code is returned for a comprehensive Change Loss Amount Transaction (Transaction Code 52), Reverse Incident Transaction (Transaction Code 53), or Change Incident non-Key Data Transaction (Transaction Code 54) when the comprehensive claim incident specified to be changed is not found on the driving record of the specified policyholder. “Section 3.3.4 Comprehensive Claim Transaction Codes” of “Chapter 3 SDIP CLAIMS” defines the fields in each transaction that are required to match a corresponding data element on a claim incident previously added to the driving record of a specified policyholder.

- 44 Claim Already On File.** This error code is returned for an at-fault accident Add Original Claim Transaction (Transaction Code 41) when an at-fault accident claim as defined by Incident Date, Incident Location Code and Type of Loss Code was previously added to the driving record of the specified involved operator.

This error code is returned for a comprehensive Add Original Claim Transaction (Transaction Code 51) when a comprehensive incident as defined by Incident Date, Incident Location Code and Type of Loss Code was previously added to the driving record of the specified policyholder.

- 45 Reduces Loss Below 0.** This error code is returned if a Change Loss Amount Transaction (Transaction Code 42 or Transaction Code 52) would, if applied, reduce the Loss Amount for the specified Type of Loss below zero.
- 47 Reverses the Incident.** This error code is returned if an at-fault accident Change Loss Amount Transaction (Transaction Code 42) would, if applied, reduce the Loss Amount for the specified Type of Loss below the minimum surchargeable amount as defined in “Appendix I: Schedule of Surcharge Points” and no other at-fault accident type of loss on the specified driving record has a Loss Amount equal to or greater than the minimum surchargeable amount. *This error code may be returned if the at-fault accident Change Loss Amount Transaction (Transaction Code 42) would, if applied, reduce the Loss Amount for a Personal Injury Protection (PIP) claim below \$1.*
- 49 Incident Reversed - BOA.** This error code is returned for an Add Original Claim Transaction (Transaction Code 41) when it would, if applied, reissue an at-fault accident that was previously reversed or vacated by the Board of Appeal. Reversal Reason Code = “BA” is allowed to reverse an at-fault accident only when the transaction is submitted by the Board of Appeal.